8-22-97 B- 823 | C SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Aug 22 1997 8:00am Secretary of State

ARTHUR'S CAPRI CONDOMINIUM, INC.								
Principal Place								
4907 TOWNSHIP TRACE 4907 TOWNSHIP TRACE MARIETTA GA 30066-1716 US US					DO NOT WRITE IN THIS SPACE			
US /		03			3. Date Incorporated or Qualified 05/06/1986	3a. Date of L		
21 245	ipal Place of Bysiness AU, 28. Mailing Address 28. 45 1/6 th				4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
Suite, Apt.	27				5. Certificate of Status Desired	L F.	\$8.75 Additional Fee Required	
	easure Island, FL, 28 Treasure I			FI.	Election Campaign Financing Trust Fund Contribution	☐ Ac	\$5.00 May Be Added to Fees	
24 337	206 25 U.S. Name and Address of Current	29 33706	Country 5		This corporation owes or has pail Personal Property Tax due June Name and Address of New Reg	30. Yes		
			B1 Nam	10	10, 1141111 11111			
CURTIS, JOHN L 265 116TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
TREASUR	63							
11.00			84 City			FL 85	Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered ager		Registered Agent signal	ture required	 	DATE		
12.	OFFICERS AND PSD	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC		
NAME	CURTIS, JOHN		1.2 NAME				ungo	
STREET ADDRESS	4907 TOWNSHIP TRACE		1.3 STREET ADDRES	s				
CITY-ST-ZIP	MARIETTA GA 30066		1.4 CITY-ST-ZIP	Ť				
TITLE	VD	DELETE	2.1 TITLE			Ch	ange	
NAME	CURTIS, REBECCA		2.2 NAME				1	
STREET ADDRESS	4907 TOWNSHIP TRACE		2.3 STREET ADDRES	s l				
CITY-ST-ZIP	MARIETTA GA 30066		2.4 CITY-ST-ZIP					
TITLÉ	10	☐ DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME	O'STEEN, JOE S		3.2 NAME					
STREET ADDRESS	245 116THAVE		3.3 STREET ADDRES	s				
CITY-ST-ZIP	TREASURE ISLAND FL		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	j		☐ Ch	ange 🔲 Addition	
NAME (4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	s				
CITY-ST-ZIP	<u> </u>	M or ere	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Chi	ange LI Addition	
NAME .			5.2 NAME	J			1	
STREET ADDRESS			5.3 STREET ADDRES	S				
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP				anno Addisian	
TITLE		☐ DECESE	6.1 TITLE			☐ Chi	ange 🛄 Addition	
NAME CYDECT ADDRESS			6.2 NAME	_			1	
STREET ADDRESS			6.3 STREET ADDRES	»				
14. I do hereb	ov certify that the Information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP	stated i	n Section 119.07(3)(i), Florida Statutes	I further certify	that the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted of an an attachment with an address.